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CONFIRMATION NO. 6301

<b>SERIAL NUMBER</b> 10/524,487	<b>FILING OR 371(c) DATE</b> 10/28/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 9694D-000014/US	
<b>APPLICANTS</b> Mitsuo Fukuda, Hyogo, JAPAN; Seiji Aoyagi, Osaka, JAPAN;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/18781 12/16/2004					
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-422999 12/19/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 30593					
<b>TITLE</b> MEDICAL NEEDLE AND MEDICAL DEVICE					
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		